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APPLICANTS

Lawrence A. Blaustein, Moreland Hills, OH;
 Douglas A. Gall, Strongsville, OH;
 Patrick W. Brown, Auburn, OH;

**** CONTINUING DATA ***** MS**

This application is a CON of 10/367,373 02/13/2003
 which is a CON of 09/993,167 11/06/2001 PAT 6,725,490

**** FOREIGN APPLICATIONS *******

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 12/23/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>M. J. [Signature]</i>	Initials MS		

ADDRESS
 27752
 THE PROCTER & GAMBLE COMPANY
 INTELLECTUAL PROPERTY DIVISION
 WINTON HILL TECHNICAL CENTER - BOX 161
 6110 CENTER HILL AVENUE
 CINCINNATI, OH
 45224

TITLE
 Complex motion toothbrush

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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